

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

ENCOUNTER KEYS

November-December, 2005

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CPTs Added to Home Health Providers

Effective with dates of service on or after 10/01/2003 the following procedure codes have been added to provider type 95 (Non-Medicare Certified Home Health Agencies):

- 90655 (Influenza Virus Vaccine, Split Virus, Preservative Free, For Children)
- 90657 (Influenza Virus Vaccine, Split Virus, For Children 6-35 Months Of Age)
- 90658 (Influenza Virus Vaccine, Split Virus, For Use In Individuals 3 Yr)
- 90660 (Influenza Virus Vaccine, Live, For Intranasal Use)
- 90669 (Pneumococcal Conjugate Vaccine, Polyvalent, For Children Under 5)
- 90732 (Pneumococcal Polysaccharide Vaccine, 23-Valent, Adult Or Immunosu)
- 90473 (Immunization Administration By Intranasal Or Oral Route; One Vacc)
- G0008 (Administration Of Influenza Virus Vaccine)
- G0009 (Administration Of Pneumococcal Vaccine)

Effective with dates of service on or after 10/01/2003 the following procedure codes have been added to provider type 23 (Home Health Agencies):

- 90655 (Influenza Virus Vaccine, Split Virus, Preservative Free, For Children)
- 90669 (Pneumococcal Conjugate Vaccine, Polyvalent, For Children Under 5)
- 90732 (Pneumococcal Polysaccharide Vaccine, 23-Valent, Adult Or Immunosu)
- G0009 (Administration Of Pneumococcal Vaccine)



Corrections

- Under Place of Service (POS) in the e-mail communication for 11/04/2005 the following procedures should not have been listed for the POS 24 (Ambulatory Surgical Center - ASC):
- L8499 Unlisted Procedure For Miscellaneous Prosthetic, and
 - L8699 Prosthetic Implant, Not Otherwise Specified
- We had mistakenly received an update on G0376 (Smoke/Tobacco Counseling Greater Than 10) that the EPSDT indicator was changed to Y. The correct information is that the EPSDT indicator is N (No).

11/01/2005 Physician Fee Schedule Update

Proc	Mod	Short Description	Rate	Proc	Mod	Short Description	Rate
90718		Td vaccine > 7, im	\$16.27	Q0170		Promethazine HC 125 mg oral	\$0.50
E0971		Wheelchair anti-tipping devi	\$43.39	Q0187		Factor VIIA Recombin	\$1,073.98
E0971	RR	Wheelchair anti-tipping devi	\$0.14	Q0480		Repl. pneu. asst dev	\$70,907.06
E1038	RR	Transport chair pt wt <250lb	\$0.59	Q0481		Microprocessor unit	\$11,440.02
E1039	RR	Transport chair pt wt >=250lb	\$1.12	Q0482		Microprocessor unit	\$3,583.23
E1238		Fld ped wc adjstabl w/o seat	\$1,638.73	Q0483		Monitor/display modu	\$14,761.30
E1238	RR	Fld ped wc adjstabl w/o seat	\$5.38	Q0484		Monitor/display modu	\$2,866.60
J0280		Aminophyllin 250 MG inj	\$0.36	Q0485		Monitor cable	\$276.77
J0285		Amphotericin B	\$22.94	Q0486		Monitor cable	\$230.35
J0725		Chorionic gonadotropin/1000u	\$3.61	Q0487		Leads(pneumatic/elec	\$268.74
J0760		Colchicine injection	\$5.34	Q0488		Power pack base	BR
J0770		Colistimethate sodium inj	\$28.95	Q0489		Power pack base	\$12,797.26
J1094		Inj dexamethasone acetate	\$0.29	Q0490		Emerg power source	\$553.54
J2275		Morphine sulfate injection	\$6.48	Q0491		Emerg. power source	\$870.24
J2515		Pentobarbital sodium inj	\$5.29	Q0492		Emerg. power supply	\$70.11
J2993		Retepase injection	\$1,278.84	Q0493		Emerg. power cable	\$199.64
J3230		Chlorpromazine hcl injection	\$3.26	Q0494		Emerg. hand pump	\$168.93
J3260		Tobramycin sulfate injection	\$1.32	Q0495		Battery/power pack	\$3,288.56
J3411		Thiamine hcl 100 mg	\$1.27	Q0496		Battery	\$1,180.32
J3470		Hyaluronidase injection	\$23.02	Q0497		Battery clips	\$368.56
J7051		Sterile saline/water	\$0.04	Q0498		Replacement holster	\$404.39
J7190		Factor VII	\$0.65	Q0499		Belt/vest replacemen	\$131.39
J7192		Factor VIIrecombin	\$0.93	Q0500		Replacement filter	\$24.04
J7193		Factor IX non-recomb	\$0.75	Q0501		Replacement cover	\$402.07
J7194		Factor IX Complex	\$0.73	Q0502		Mobility cart replac	\$511.88
J7195		Factor IX Recombinan	\$0.88	Q0503		Replacement battery	\$1,023.78
J7198		Anti-inhibitor	\$1.05	Q0504		Power adapter	\$540.23
J7624		Betamethasone inhalation sol	\$1.21	Q0505		Misc. supply	BR
L5685		Below knee sus/seal sleeve	\$100.83	Q2022		VonWillebrandFactrCm	\$0.77
Q0164		Prochlorperazine maleate 5mg	\$0.50	Q9941		IVIG lyophil 1G	\$42.57
Q0165		Prochlorperazine maleate 10mg	\$0.75	Q9942		IVIG lyophil 10 mg	\$0.43

Licensing Agency Contact Information

As a result of contractor requests for contact information, we have placed a file of Licensing Agency contact information on the outside server. The file (RF601extract2.xls) can be found on the FTP server at: 170.68.41.1 \ShareINFO\Reference\Out\Prod

Edit

Effective with dates of service on or after 07/01/2005 the error code Z172 (Contract Type Code Is Invalid) was activated for 837 transactions only. The AHCCCS proprietary subcap codes can not be used in 837 transactions. On 837 transactions contract type replaces the subcap code.

Age Limit Reminders

- G0107 (Colorectal Cancer Screening; Fecal-Occult Blood Test) has a minimum age limit of 50. This code is one of the many codes that had coverage changed to Medicare only. If the recipient is not Medicare primary the code G0107 should not be used; the provider should be using the regular lab code of 82270 (Blood, occult, by peroxidase activity eg., guaiac).
- 90715 (Tetanus, Diptheria Toxoids And Acellular Pertusis Vaccaine) has a minimum age of 10 years and maximum age of 18 years.

Questions on Encounters

Encounter production issues need to be referred to the Encounter unit. The email address is: AHCCCSencounters@ahcccs.state.az.us or Plans may contact their Technical Assistant, Jacqueline Martinez at 602-417-4004 or Peggy Brown at 602-417-4662.

Encounter test issues may be submitted to: (1) AHCCCSencounterSubmission@azahcccs.gov notifying the agency of a test file submission (the AHCCCS IS Mercator team will provide the feedback); or (2) AHCCCSHIPAAWorkgroup@azahcccs.gov requesting assistance (the AHCCCS HIPAA team will log and assign the issue to a staff member for a response).



Limit Change

- The HCPCS code E0974 (Manual wheelchair accessory, anti-rollback device, each) changed daily service limit from 1 to 2.
- Effective with dates of service on or after 09/28/2005, the HCPCS code J2354 (Injection, octreotide non-depot form for subcutaneous) has a procedure daily maximum of 25.
- Effective with dates of service on or after 10/27/2005 the following CPT codes have had their daily limits revised:

95024 Intracutaneous (Intradermal) Tests With Allergenic Ext now has a procedure daily limit of 50 units

95027 Intracutaneous (Intradermal) Tests, Sequential And Inc now has a procedure daily limit of 100 units

Provider Type

Effective with dates of service on or after 07/01/2005 the following HCPCS Codes have been added to Provider Type 43 (Ambulatory Surgical Center).

- E0752 Implantable Neurostimulator Electrode, Each
- E0759 Radiofrequency Transmitter (External) For Use With Implantable
- E0781 Ambulatory Infusion Pump, Single Or Multiple Channels,
- E0782 Infusion Pump, Implantable, Non-Programmable (Includes All Component
- E0783 Infusion Pump System, Implantable, Programmable (Includes All Component
- E0786 Implantable Programmable Infusion Pump, Replacement (Excludes Imp
- L8631 Metacarpal Phalangeal Joint Replacement, Two Or More Pieces
- L8659 Interphalangeal Finger Joint Replacement, 2 Or More Pieces, Meta

Effective with dates of service listed below the following procedure codes have been added to provider type 08 (Physician) and 10 (Podiatrist):

<u>Provider Type</u>	<u>Code</u>	<u>Description</u>	<u>Revised Date</u>
08	A9700	Supply of injectable contrast material for use in echoca	01/01/2001
10	20612	Aspiration and/or injection of ganglion cyst(s) any location	01/01/2004
10	27620	Arthrotomy, ankle, with joint exploration	01/01/2004
10	27780	Closed treatment of proximal fibula or shaft fracture	01/01/2004
10	27860	Manuipulation of ankle under general anesthesia	01/01/2004
10	97597	Removal of devitalized tissue from wound(s)	01/01/2005
08	Q4054	Injection, darbepoetin alfa, 1mcg (for ESRD on dialysis)	01/01/2004
08	Q4055	Injection, epoetin alfa, 1000 units (for ESRD on dialysis)	01/01/2004
08	A9700	Supply of injectable contrast material for use in Echoca	01/01/2001

Modifiers

- The modifier 26 (Professional component) was end-dated or not added to CPT code 85025 (Blood count; complete (CBC), automated (HGB, HCT, RBC,) and 80048 (Basic metabolic panel). (See Medicare Fee Schedule Database MFSDB). These codes are machine run tests--or tech run tests, they do not have a physician component. Refer to PMMIS Reference screen RF123 (Procedure AHCCCS Coverage) and RF122 (Valid Procedure Modifiers).
- Effective 08/21/2005 CMS has released modifier CR to be instituted immediately for disaster affected recipients. This modifier will be added to all HCPCS codes (00001-V9999).
- Effective with dates of service on or after 09/01/2005 the CPT code 90660 (Influenza Virus Vaccine, Live, for Intranasal Use) can be reported with the modifier SL (state supplied vaccine).
- Modifiers GN (AMB HSP 2SNF/OP Speech Lang POFC); GO (SVS Delivered Under OP OCC Therapy); and GP (SVS Delivered Under OP Phys Therapy) have been added to the following procedure codes:

Codes	Description	Effective Date Of Modifier
G0329	Electromagnetic Therapy, To One Or More Areas For Chron	07/01/2004
97001	Physical Therapy Evaluation	09/01/2003
97010	Application Of A Modality To One Or More Areas; Hot Or	09/01/2006
97597	Removal Of Devitalized Tissue From Wound(s)	01/01/2005
97598	Removal Of Devitalized Tissue From Wound(s), Selective	01/01/2005
97602	Removal Of Devitalized Tissue From Wound(s), Non-Select	09/01/2003
97605	Negative Pressure Wound Therapy (Eg, Vacuum Assisted Drainage Coll.)	01/01/2005
97606	Negative Pressure Wound Therapy (Eg, Vacuum Assisted Drainage Coll.); Total Wounds	01/01/2005
97755	Assistive Technology Assessment (Eg. to Restore, Augment)	01/01/2004



Place of Service (POS)

- Effective with dates of service on or after 10/01/2004 the POS 11 (Office) has been added to 94657 (Ventilation assist and management, initiation of pressure) and 94770 (Carbon dioxide, expired gas determination by infrared analyzer).
- Effective with dates of service on or after 04/01/2004 the POS 13 (Assisted Living Facility) and 14 (Group Home) have been added to the following CPT Codes:

99321 Domiciliary Or Rest Home Visit For The Evaluation And Management
 99322 Domiciliary Or Rest Home Visit For The Evaluation And Management
 99323 Domiciliary Or Rest Home Visit For The Evaluation And Management
 99331 Domiciliary Or Rest Home Visit For The Evaluation And Management
 99332 Domiciliary Or Rest Home Visit For The Evaluation And Management
 99333 Domiciliary Or Rest Home Visit For The Evaluation And Management

Note: Currently the above codes (99321-99333) have Coverage Code listed as 01 (Covered Service/Code Available). Effective with dates of service 01/01/2006 the coverage code will change to 04 (Not Covered Service/Code Not Available).

- Effective with dates of service on or after 07/01/2003 the POS 24 (Ambulatory Surgical Center) has been added to 35207 (Repair, blood vessel, direct; hand, finger).
- Effective with dates of service on or after 07/01/2005 the following HCPCS Codes have been added to POS 24 (Ambulatory Surgical Center).

E0752 Implantable Neurostimulator Electrode, Each
 E0759 Radiofrequency Transmitter (External) For Use With Implantable
 E0781 Ambulatory Infusion Pump, Single Or Multiple Channels,
 E0782 Infusion Pump, Implantable, Non-Programmable (Includes All Component)
 E0783 Infusion Pump System, Implantable, Programmable (Includes All Component)
 E0786 Implantable Programmable Infusion Pump, Replacement (Excludes Imp)

- Effective with dates of service on or after 06/01/2005, the CPT code 54560 (Exploration for undescended testis with abdominal exploration) can be reported with POS 24 (Ambulatory Surgical Center).
- Effective 05/18/2005 the HCPCS codes Q1001 (New technology intraocular lens category 1 as defined in federal register) and Q1002 (New technology intraocular lens category 2 as defined in federal register) have been end dated for POS 24 (Ambulatory Surgical Center). [Medicare has announced that they will no longer pay Ambulatory Surgical Centers (ASC) for Intraocular lenses.]
- Effective with dates of service 07/01/2003 the POS 24 (Ambulatory Surgical Center ASC) has been added to CPT codes:

45335 (Sigmoidoscopy, Flexible; With Directed Submucosal Inject)
 45381 (Colonoscopy, Flexible, Proximal To Splenic Flexure)

Revenue Codes to Procedure Codes

Effective with dates of service on or after 09/01/2005 the following HCPCS have been added to the revenue codes below:

Rev Code	HCPCS	Description
271	L8620	Lithium Ion Battery For Use With Cochlear Implant Device, Replacement
271	L8622	Alkaline Battery For Use With Cochlear Implant Device, Any Siz
274	K0731	Lithion Battery Cid On Body
274	K0732	Lithion Battery Cid Behind Ear
362	38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting
362	38230	Bone Marrow Harvesting For Transplantation
362	38240-38242	Bone Marrow Or Blood-Derived Peripheral Stem Cell Transplanation
386	P9043	Infusion, Plasma Protein Fraction (Human), 5%, 50 MI
636	P9041	Infusion, Albumin (Human), 5%, 50 MI
819	38204	Management Of Recipient Hematopoietic Progenitor Cell Donor Searc
819	38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplanation
819	38230	Bone Marrow Harvesting For Transplantation

Effective with dates of service on or after 01/01/2003 the following procedure codes have been added to revenue codes below:

Revenue Code	HCPCS	Descriptions
258	J2912	Injection, Sodium Chloride, 0.9%, Per 2 MI
280	36540	Collection Of Blood Specimen From A Completely Implantable
300	36540	Collection Of Blood Specimen From A Completely Implantable
300	36600	Arterial Puncture, Withdrawal Of Blood For Diagnosis
320	20501	Injection Of Sinus Tract; Diagnostic (Sinogram)
320	36550	Declotting By Thrombolytic Agent Of Implanted Vascular
320	36555-36571	Insertion
320	36578-36585	Replacement, Complete,
320	36589-36590	Removal Of Tunneled Central Venous
320	36600	Arterial Puncture, Withdrawal Of Blood For Diagnosis
320	36870	Thrombectomy, Percutaneous, Arteriovenous Fistula, Autogenous
320	62311	Injection, Single (Not Via Indwelling Catheter
370	00100-01999	Anesthesia For Procedures
410	36600	Arterial Puncture, Withdrawal Of Blood For Diagnosis
460	36600	Arterial Puncture, Withdrawal Of Blood For Diagnosis
290-299	E0110-E0117	Crutches
480	G0269	Placement Of Occlusive Device Into Either A Venous Or Arterial
481	G0269	Placement Of Occlusive Device Into Either A Venous Or Arterial
621	A9516	Supply Of Radiopharmaceutical Diagnostic Imaging Agent, I-123 Sod
633	J3010	Injection, Fentanyl Citrate, 0.1 Mg